

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 14  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M / D D / Y Y Y Y Y Y 10 / 20 / 2016	

Full Name of Payee <b>Moxie Media Inc.</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 14 / 2016	
Mailing Address 2021 Minor Ave. East		Amount 1312.50	
City Seattle	State WA	Zip Code 99102	Transaction ID : B633532
Purpose of Expenditure Canvass Lit	Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 14 / 2016	
Name of Federal Candidate Clinton, Hillary, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
		3237571.79	

Full Name of Payee <b>The Pivot Group</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 18 / 2016	
Mailing Address 1720 I Street NW Suite 550		Amount 10866.43	
City Washington	State DC	Zip Code 20005	Transaction ID : B633535
Purpose of Expenditure Canvass Lit	Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 18 / 2016	
Name of Federal Candidate Clinton, Hillary, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
		3237571.79	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	12178.93
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Cafferata, Elisa, , ,

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Form/Schedule: SE

Transaction ID :

This amendment is being filed to disclose the expenditure(s) of an in-kind contribution of online advertising time (Items B633814-B633817 and B633847-B633850). The corresponding production costs for the online advertisements were included on the 48 Hr. report filed on 10/20/16.

Form/Schedule:

Transaction ID:

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2016	

Full Name of Payee <b>Viridiana Vidal Gonzzali</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2016	
Mailing Address 4012 Linniki Street		Amount 5000.00	
City North Las Vegas	State NV	Zip Code 89032	Transaction ID : B633543
Purpose of Expenditure Media Consulting		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2016
Name of Federal Candidate Clinton, Hillary, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US
Calendar Year-To-Date Per Election for Office Sought		3237571.79	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Planned Parenthood Rocky Mountains Action Fund</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2016	
Mailing Address 7155 E. 38th Avenue		Amount 3241.11	
City Denver	State CO	Zip Code 80207	Transaction ID : B633537
Purpose of Expenditure Events		Category/ Type 007	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2016
Name of Federal Candidate Clinton, Hillary, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US
Calendar Year-To-Date Per Election for Office Sought		3237571.79	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	8241.11
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Cafferata, Elisa, , ,

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10 / 21 / 2016

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2016	

Full Name of Payee <b>76 Words</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2016	
Mailing Address 1806 Vernon St, NW #100		Amount 250.00	
City Washington	State DC	Zip Code 20009	Transaction ID : B633548
Purpose of Expenditure Digital Ad Production-Estimated costs		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2016
Name of Federal Candidate Clinton, Hillary, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
		3237571.79	

Full Name of Payee <b>Viridiana Vidal Gonzzali</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2016	
Mailing Address 4012 Linniki Street		Amount 5000.00	
City North Las Vegas	State NV	Zip Code 89032	Transaction ID : B633544
Purpose of Expenditure Media Consulting		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2016
Name of Federal Candidate Cortez-Masto, Catherine, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
		1823230.95	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	5250.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Cafferata, Elisa, , ,

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2016	

Full Name of Payee <b>The Pivot Group</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2016	
Mailing Address 1720 I Street NW Suite 550		Amount 10866.43	
City Washington	State DC	Zip Code 20005	Transaction ID : B633536
Purpose of Expenditure Canvass Lit	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2016	
Name of Federal Candidate Cortez-Masto, Catherine, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
		1823230.95	

Full Name of Payee <b>Planned Parenthood Rocky Mountains Action Fund</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2016	
Mailing Address 7155 E. 38th Avenue		Amount 3241.10	
City Denver	State CO	Zip Code 80207	Transaction ID : B633539
Purpose of Expenditure Events	Category/ Type 007	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2016	
Name of Federal Candidate Cortez-Masto, Catherine, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
		1823230.95	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	14107.53
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

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Cafferata, Elisa, , ,

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M / D D / Y Y Y Y Y Y 10 / 20 / 2016	

Full Name of Payee <b>Planned Parenthood Rocky Mountains Action Fund</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 18 / 2016	
Mailing Address 7155 E. 38th Avenue		Amount 3241.10	
City Denver	State CO	Zip Code 80207	Transaction ID : B633540
Purpose of Expenditure Events	Category/ Type 007	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 18 / 2016	
Name of Federal Candidate Heck, Joseph, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		1823230.95	

Full Name of Payee <b>Viridiana Vidal Gonzzali</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 18 / 2016	
Mailing Address 4012 Linniki Street		Amount 5000.00	
City North Las Vegas	State NV	Zip Code 89032	Transaction ID : B633541
Purpose of Expenditure Media Consulting	Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 18 / 2016	
Name of Federal Candidate Heck, Joseph, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		1823230.95	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	8241.10
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M / D D / Y Y Y Y Y Y 10 / 20 / 2016	

Full Name of Payee <b>Viridiana Vidal Gonzzali</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 18 / 2016	
Mailing Address 4012 Linniki Street		Amount 5000.00	
City North Las Vegas	State NV	Zip Code 89032	Transaction ID : B633542
Purpose of Expenditure Media Consulting	Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 18 / 2016	
Name of Federal Candidate Trump, Donald, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		3237571.79	

Full Name of Payee <b>Moxie Media Inc.</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 14 / 2016	
Mailing Address 2021 Minor Ave. East		Amount 1312.50	
City Seattle	State WA	Zip Code 99102	Transaction ID : B633533
Purpose of Expenditure Canvass Lit	Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 14 / 2016	
Name of Federal Candidate Trump, Donald, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		3237571.79	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	6312.50
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Cafferata, Elisa, , ,

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10 / 21 / 2016

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2016	

Full Name of Payee <b>Priorities USA</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2016	
Mailing Address 601 13th Street NW Suite 610N		Amount 5000.00	
City Washington	State DC	Zip Code 20005	Transaction ID : B633545
Purpose of Expenditure Digital Ad Production		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2016
Name of Federal Candidate Trump, Donald, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
		3237571.79	

Full Name of Payee <b>Franciska Farkas</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2016	
Mailing Address 102 Clinton Ave.		Amount 4500.00	
City Brooklyn	State NY	Zip Code 11205	Transaction ID : B633546
Purpose of Expenditure Ad Production		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2016
Name of Federal Candidate Trump, Donald, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
		3237571.79	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	9500.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Cafferata, Elisa, , ,

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M / D D / Y Y Y Y Y Y 10 / 20 / 2016	

Full Name of Payee <b>Las Vegas Billboards, LLC</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 19 / 2016	
Mailing Address 5665 S. Valley View Blvd. #4		Amount 2750.00	
City Las Vegas	State NV	Zip Code 89119	Transaction ID : B633547
Purpose of Expenditure Advertising-Mobile billboards	Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 19 / 2016	
Name of Federal Candidate Trump, Donald, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		3237571.79	

Full Name of Payee <b>76 Words</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 20 / 2016	
Mailing Address 1806 Vernon St, NW #100		Amount 250.00	
City Washington	State DC	Zip Code 20009	Transaction ID : B633549
Purpose of Expenditure Digital Ad Production-Estimated costs	Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 20 / 2016	
Name of Federal Candidate Trump, Donald, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		3237571.79	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3000.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Cafferata, Elisa, , ,

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2016	

Full Name of Payee <b>Planned Parenthood Rocky Mountains Action Fund</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2016	
Mailing Address 7155 E. 38th Avenue		Amount 3241.10	
City Denver	State CO	Zip Code 80207	Transaction ID : B633538
Purpose of Expenditure Events	Category/ Type 007	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2016	
Name of Federal Candidate Trump, Donald, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
		3237571.79	

Full Name of Payee <b>Planned Parenthood Action Fund Inc.</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2016	
Mailing Address 123 William St, 10th Floor		Amount 64.92	
City New York	State NY	Zip Code 10038	Transaction ID : B633569
Purpose of Expenditure Staff Time	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2016	
Name of Federal Candidate Trump, Donald, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
		3237571.79	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3306.02
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Cafferata, Elisa, , ,

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2016	

Full Name of Payee <b>Priorities USA</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2016	
Mailing Address 601 13th Street NW Suite 610N		Amount 457.93	
City Washington	State DC	Zip Code 20005	Transaction ID : B633817
Purpose of Expenditure Digital Ad Buy	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2016	
Name of Federal Candidate Cortez-Masto, Catherine, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
		1823230.95	

Full Name of Payee <b>Priorities USA</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2016	
Mailing Address 601 13th Street NW Suite 610N		Amount 457.93	
City Washington	State DC	Zip Code 20005	Transaction ID : B633847
Purpose of Expenditure Digital Ad Buy	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2016	
Name of Federal Candidate Cortez-Masto, Catherine, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
		1823230.95	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	915.86
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Cafferata, Elisa, , ,

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Date

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10 / 21 / 2016

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

PAGE	12	OF	14
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2016	

Full Name of Payee <b>Priorities USA</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2016	
Mailing Address 601 13th Street NW Suite 610N		Amount 457.92	
City Washington	State DC	Zip Code 20005	Transaction ID : B633848
Purpose of Expenditure Digital Ad Buy	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2016	
Name of Federal Candidate Heck, Joseph, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		1823230.95	

Full Name of Payee <b>Priorities USA</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2016	
Mailing Address 601 13th Street NW Suite 610N		Amount 457.92	
City Washington	State DC	Zip Code 20005	Transaction ID : B633816
Purpose of Expenditure Digital Ad Buy	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2016	
Name of Federal Candidate Heck, Joseph, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		1823230.95	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	915.84
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Cafferata, Elisa, , ,

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Date

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10 / 21 / 2016

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 13 OF 14  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2016	

Full Name of Payee <b>Priorities USA</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2016	
Mailing Address 601 13th Street NW Suite 610N		Amount 3660.23	
City Washington	State DC	Zip Code 20005	Transaction ID : B633815
Purpose of Expenditure Digital Ad Buy	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2016	
Name of Federal Candidate Toomey, Pat, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
		2530129.72	

Full Name of Payee <b>Priorities USA</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2016	
Mailing Address 601 13th Street NW Suite 610N		Amount 3660.23	
City Washington	State DC	Zip Code 20005	Transaction ID : B633849
Purpose of Expenditure Digital Ad Buy	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2016	
Name of Federal Candidate Toomey, Pat, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
		2530129.72	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	7320.46
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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10 / 21 / 2016

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 14 OF 14  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2016	

Full Name of Payee <b>Priorities USA</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2016	
Mailing Address 601 13th Street NW Suite 610N		Amount 24603.86	
City Washington	State DC	Zip Code 20005	Transaction ID : B633850
Purpose of Expenditure Digital Ad Buy	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2016	
Name of Federal Candidate Trump, Donald, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
		3237571.79	

Full Name of Payee <b>Priorities USA</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2016	
Mailing Address 601 13th Street NW Suite 610N		Amount 24603.86	
City Washington	State DC	Zip Code 20005	Transaction ID : B633814
Purpose of Expenditure Digital Ad Buy	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2016	
Name of Federal Candidate Trump, Donald, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
		3237571.79	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	49207.72
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	128497.07

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Cafferata, Elisa, , ,

[Electronically Filed]

Date

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10 / 21 / 2016

Signature